## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number (0 | 520 33 |

| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                           |                                                                      |                                    |                  |                                  |              | SMALL ENTITY        |                        | OTHER THAN                 |                     |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|------------------------------------|------------------|----------------------------------|--------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| L                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                           | (Colum                                                               | n 1)                               | (Column 2)       |                                  | _            | TYPE                |                        | OR<br>_                    | SMALL ENTITY        |                        |
| U.S. NATIONAL STAGE FEES                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                           |                                                                      |                                    |                  | _                                |              | RATE                | FEE                    | 1                          | RATE                | FEE                    |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                           | SMALL ENT                                                            | . = \$ 150                         | LAR              | GE ENT. = \$ 300                 | 7            | BASIC FEE           |                        | OR                         | BASIC FEE           | 3000                   |
| EXAMINATION FEE                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           | Satisfies PCT A<br>(4) = \$50                                        | ٠,,                                |                  | ther situations = 100 / \$ 200   | 1            | EXAM. FEE           |                        | 1                          | EXAM. FEE           | 200                    |
| SEARCH FEE                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                           | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                    | -                | ther situations = 5 250 / \$ 500 | 1            | SEARCH FEE          |                        |                            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                           | minus 100 =                                                          |                                    |                  | / 50 =                           |              | X \$ 125 =          |                        |                            | X \$ 250 =          | 100                    |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                           | 3 min                                                                | nus 20 =                           | *                |                                  |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |                                                                      | inus 3 =                           | *                |                                  |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
| MUI                                                                                                                                                                                                                                                                                                                                                                                                            | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT                                                                |                                    |                  |                                  |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                       |                                                |                                           |                                                                      |                                    |                  |                                  | TOTAL        |                     | OR                     | TOTAL                      | 400                 |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                  |                                                |                                           |                                                                      |                                    |                  |                                  | SMALL ENTITY |                     |                        | OTHER THAN<br>SMALL ENTITY |                     |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                      | HIGHI<br>NUME<br>PREVIO<br>PAID F  | BER<br>USLY      | PRESENT<br>EXTRA                 |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                          | *                                         | Minus                                                                | **                                 |                  | =                                |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                | Independent                                    | *                                         | Minus                                                                | ***                                |                  | =                                |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                                                      |                                    |                  |                                  |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           |                                                                      |                                    |                  | •                                | •            | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | (Column 1)                                |                                                                      | (Colum                             | n 2\             | (Column 3)                       |              |                     |                        |                            |                     |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | CLAIMS REMAINING AFTER AMENDMENT          |                                                                      | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>JSLY | PRESENT<br>EXTRA                 |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                          | *                                         | Minus                                                                | ww                                 |                  | =                                |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                | Independent                                    | *                                         | Minus                                                                | ***                                |                  | =                                |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                                                      |                                    |                  |                                  |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           |                                                                      |                                    |                  |                                  |              | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |                                                                      |                                    |                  |                                  |              |                     |                        |                            |                     |                        |